State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	RMATION	A THE RESERVE AND A SHOPE A	
1. Full name of committee (as on Statement of Organization) Check if this is a new name SNYDER ELECTION COMMI		notice! becalture viscou	en and retro Editation in
2. Acronym or abbreviated name, if any	3. Committee te	lephone number)	ction Braid file number.
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new	address	tuding any stacined scheduling the principal scheduling and scheduling the principal scheduling and scheduling the scheduling
5. City, state, ZIP code NOBLES VILLE, IN, 46 061	6. Party affiliation	REPUBLI	CAN
CANDIDATE INFORMATION (For Can	didate's Commit	tees Only)	表示是"不是是一个一个
7. Full name of candidate (include any niciname) AMES R SNYDER	8. Party affiliatio	n or if independent ZEPUBLIC	AN
9. Office sought (Include district number, if any. Not required for exploratory committee.) NOBLES VILLE COUNCIL AT LAPGE	10. County of re	HAMILTO/	V
TYPE OF REPORT 11. Check one:		Check one:	ON CANDIDATES ONLY
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, s	and 20 must be "0")	Pre-Conventi	TO A STATE OF THE PARTY OF THE
U Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting period:	balam od like to A	Post-Conven	The same of the sa
From: 1/1/03 Through: 4/11/03		This Period	COLUMN B Year to Date
 Cash on hand and investments at the beginning of this reporting period. 	AND THE PROPERTY OF THE PARTY OF	1148-71	
14. Cash on hand and investments January 1, current year.			1148.71
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)		
15a. Itemized (use Schedule A)	A STATE OF THE PARTY OF THE PAR	5150,00	5150,00
15b. Uniternized	-	5150,00	5150.00
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	6298-71	6298-71
EXPENDITURES	TO IAL	STORE	
(Note: These amounts include in-kind expenditures and loan repayments.)			斯尼尼斯坦
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	Inscinuoni na	3904,23	3904-23
17b. Uniterrized	ni-othw A "Jineo	-0-	-0-
	SUBTOTAL	3904,23	3904,23
17c. Add lines 17a and 17b in both columns		2394-48	2394,48
 Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both c 	clumns) TOTAL_	~ 11.10	
19. Debts OWED BY the committee (use Schedule D)	Dietric	-0	
20. Debts OWED TO the committee (use Schedule E)	Council,	0	

	CERTIFICATION
	I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS
	Signature on File
Ì	WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	1	of _	2	BEN I PR

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Scott + Lee Gray Pro-Box 278 Noblesville 4606(Contributions: STDirect In-Kind (describe)	250,00	250,06	2/10
Contributor's Occupation (# required) Sq les - Insurance	Other Receipts: Interest □ Loan Misc (specify)	eni yns to notisi sotudinneo ve notudinnoo s	Enter the code sation for cet When enterior	JRS
Thomas Watson 17105 Cherry Tree Rd	Contributions: Direct In-Kind (describe)	100.00	100,00	2/10
Contributor's Occupation (1 required) Construction	Other Receipts:	а-от-яал	BVITAJUM	JRS
3. Steve Schwartz 118 Cicero Rd. Noblesville, IN 46060	Contributions: Di-Birect In-Kind (describe)	100,00	100,00	2/10
Contributor's Occupation (frequired) Business Owner	Other Receipts: Interest Lcan Misc (specify)	nay order, NO easir, is, Adde committee	dha check or m eçşived what it Enter Dis	JRS
* Deff webster 21179 westbay Circle Nublesville 46060	Contributions:	500,00	500,00	2/10
Nubles ville 46060 Contributor's Occupation (# required) INSUVANCE SALES	Other Receipts:	300,50	PAGES OF S	Des
J.R. Gaylor 305 Sand Brook Drive	Contributions: © Direct □ In-Kind (describe)	500,00	500,00	4/5
Noblesville, IN, 46060 Construction (Frequired) Construction Industry	Other Receipts:			JRS
SUB TOTAL TH		\$ 1450		
(Enter total on ITEM 15a of the Summary S	neet)	5	建设设备 于2014年的	



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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T.P. Donovary 9229 Delegates Row Indianapolis, IN. 46240 Contributor's Occupation (if required) Investments Contributor's Occupation (if required) Interest Loan Misc (specify) Contributor's Occupation (if required) Interest	EIVED
Contributor's Occupation (if required) COMMUNICA (QNS) 2. T. P. Danovan 9229 De legates Row Endiquapolis IN. 46240 Contributor's Occupation (if required) Investments Contributor's Occupation (if required) Affactivey Contributor's Occupation (if required) Affactivey 4. Contributors: Contributions:	
T.P. Donovan 9229 Delegates Row Indianapolis, IN. 46240 Contributor's Occupation (if required) Investments Contributor's Occupation (if required) Afformey Contributors: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions:	2
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Steve Hardin 8782 Bay Pointe Indiana polis, 46236 Contributor's Occupation (if required) A Horney 4. Contributions: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions: Contributions:	ŝ
Tradiqua polis, 46236 Other Receipts: Interest I Loan Misc (specify) Contributor's Occupation (if required) A Horney 4. Contributions:	7
4. Contributions:	
Other Receipts: Interest Loan Misc (specify)	
Contributions: Contributions: Direct In-Kind (describe)	
Other Receipts: Interest Loan Misc (specify)	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	sostate over \$100 sitties a calendar year (\$200 \$ regular party out.	Contributions: Direct In-Kind (describe)	na Sie fo asserb	e gallem bna Lacilma esta d	er the full manon houtest. This be
	It is imperative to list the full name of the contributor.	Other Receipts: Interest □ Loan Misc (specify)	dudrunco s y	Alten enterla	PORTANT:
2	ings, etc.). For "miscellaneous", be as specific as possible.	Contributions: Direct In-Kind (describe)	BERTO SO THE SHIP SE I	EDUTO DESIVERED BILLT TVIUO	that or service LUMIN A AR
		Other Receipts: Interest I Loan Misc (specify)	YEAR-TO-E	BVITA IUM	LUMN B CU
3.	ut.	Contributions: Direct In-Kind (describe)	calendar	to se to mor	chia firet re TE RECEIVE
	nested or deposited in an account. For outs configuration, the nember, NOT when mailed or deposited in all account. The contribution for the committee. (IC 3-9-1-25)	Other Receipts: Interest Loan Misc (specify)	oney order, Ni caeh la aco committee	a check or a aceived when the cater the	nbullons are CEIVED B
4	E ONLY: Sales (OW THE LAST RAGE OVER) the roles errount	Contributions: Direct In-Kind (describe)	CHEDULE	PAGES OF L	GTOTAL THE
	Sheet	Other Receipts: Interest □Loan Misc (specify)	o enugê sidî se	ne celA .A elut	
i.		Contributions: Direct In-Kind (describe)			
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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	TOTAL OF ALL PAGES OF SCHEDULE A O	N THE LAST PAGE ONLY			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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ontribution for the committee. (10 3-3-1 (1)	Other Receipts:	can'n is acce	ceived when	ya 03V(3
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE
Home PAC P.O.Box 44670	Contributions:	500,00	500,00	3/18
Indianapolis, IN 46244	Other Receipts:	30		JRS
Noblesville Good Gout Committee B.O. Box 2101	Contributions: Di:Direct In-Kind (describe)	had eved on	500,00	2/17
Indianapolis, IN. 46060	Other Receipts: Interest □ Loan Misc (specify)	500.00		nes
Indiana Merit Construction PACofABL 6825 Hillsdale Ct.	Contributions: Ofrect In-Kind (describe)	500,00	500,00	4/5
Indianapolis, IN. 46250	Other Receipts: Interest I Loan Misc (specify)			JRS
Metropolitan Indignapolis Board of Realtors PAC	Contributions: 新Direct □ In-Kind (describe)	1000,00	1000,00	4/9
1912 North Meridian St. Indianapolis, IN 46202	Other Receipts:			JR5
Sheet.	Contributions: ☐ Direct ☐ In-Kind (describe)	o stupi est sa	PAGES UP S dule A. Also em	AL OF ALL pages on Sche
	Other Receipts: Interest Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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3.		Contributions: Direct In-Kind (describe)	ERIOD: BH	SIHT THUC	MA AHHU John pol
	disputers, including in-tind, transfers-in or other receipts a S in the same as the entry in Column A.	Other Receipts:	EAR-TO-DA	Y SVITAJUE	US 8 MEU
4.	hed. For clieds and money orders indicate the date the do or deposited in an account. For cash contributions, the bar, NOT when maked or deposited in an account.	Contributions: Direct In-Kind (describe)	enth, day, and hey order, NG cash is soos	D: Enter the mide and one of the control of the con	E RECEIVE
	contribution for the committee. (IC 3-8-1-25) and Schoole A. If there is only one page of this Schoole.	Other Receipts: Interest □ Loan Misc (specify)	CHEDULE	Enter the	EIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Noblesville, IN.	Destroy destroy destroy de la contract de la contra	Stoirect In-Kind Payment of Debt Returned Contribution Other Purpose: Stationary	380-39	380-39	2/26
ONE 2 ONE Promitions Noblesville, IN	Set of Se	Spirect In-Kind Payment of Debt Returned Contribution Other Purpose:	652,24	652,24	3/20
us Postmaster. Noblesville, IN.	The deal process of the deal process of the services of the se	Payment of Debt Returned Contribution Other Purpose:	74,00	74,00	3/20
Topics Newspapers Nobles Fishers IN.	271 no snugil tirk teine	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1398,80	1398,80	4/5
Topics Newspapers Fishers IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	(398,60	1398,80	4/9
ie		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	course prilates	O socition	Fundadarig la Masey sus we Type: Ope
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TOTAL OF ALL (Enter total on	PAGES OF SCHEDULE B O	N THE LAST PAGE ONLY	\$3904,23		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	0	f			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	ue ost le te	PUBLIC QUESTION INFORMATION	ngga R as not	soup along on	to be edit
ype of Question: Statewide Locosition: Supported Dopposed	al leo	the public question is sistewice or la	radiariw prati	vista box indica	deredde eus spende
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER				
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INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDII BALANCE TI PERIOD
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charged for the loan, interest	1 4		s lautos erit eta sonseita	atna ,neol i ind anv cere	JNR: For a
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

Page

DEBTS OWED TO THIS COMMITTEE				
o no i one	FILE NUMBER			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
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